

Emergency Health Powers on Naval Installations

“During an epidemic...the need is for a strong central authority with a grasp of basic Epidemiology”

Crosby, Epidemic and Peace.

LCDR Thomas Luke
MD, MTMH, MA, USN

Naval Emergency Health Powers

- Purpose of DoDD 6200.3 (12 May 2003)
 - ...protect installations, facilities, and personnel in the event of a public health emergency due to biological warfare, or terrorism, or other public health communicable disease epidemic

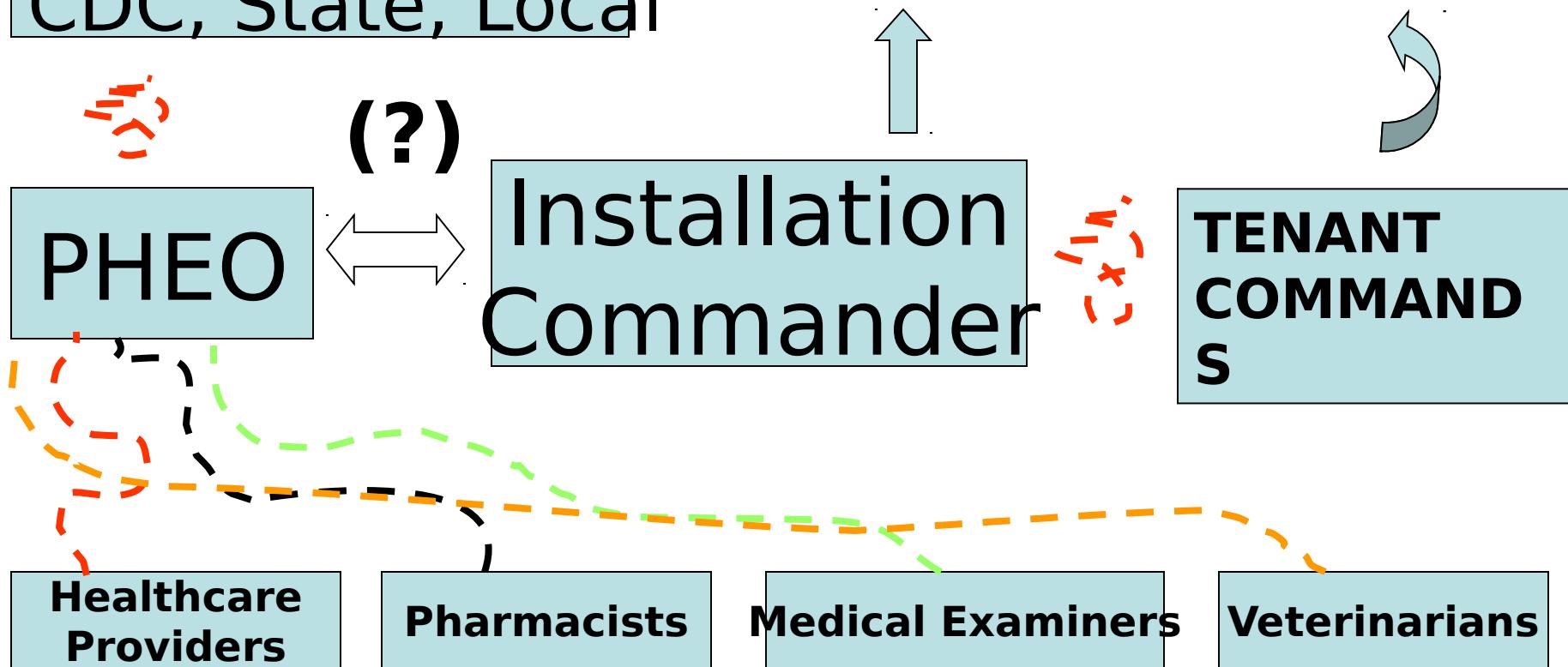
- DoDD 6200.3 identifies responsibilities from:
 - Military Commanders (DoDD 5200.8**)
 - Public Health Emergency Officers (PHEO)
 - Every Healthcare Provider, Medical Examiner, Pharmacist, and Veterinarian
 - Secretaries of the Military Departments
 - Combatant Commanders through Joint Chiefs of Staff
 - ASDHA

- DoDD 5200.8 (Security of Installations and Resources)
 - DoDD 6200.3 requires PHEO in “Every Military Commander required by DoDD 5200.8”
 - *All Naval Ships* - not major surface, air or ground forces commands
 - Analogous to every Army Battalion Commander
- PHEO/Installation Commander
 - Unfunded, no personnel reorganization, training/expertise?, uncertain Chain of Command = Adequacy of response??

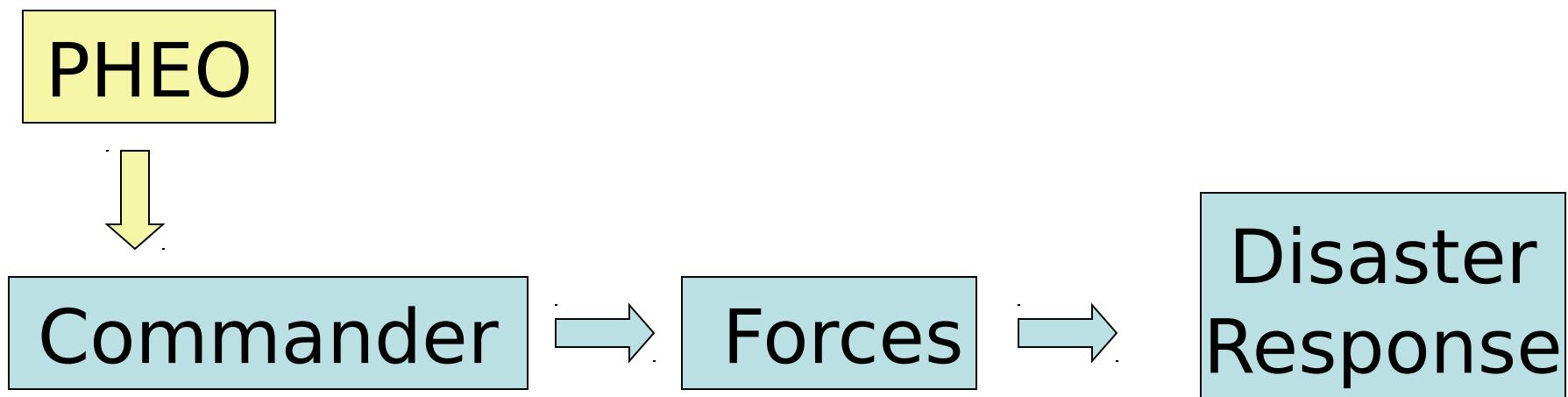
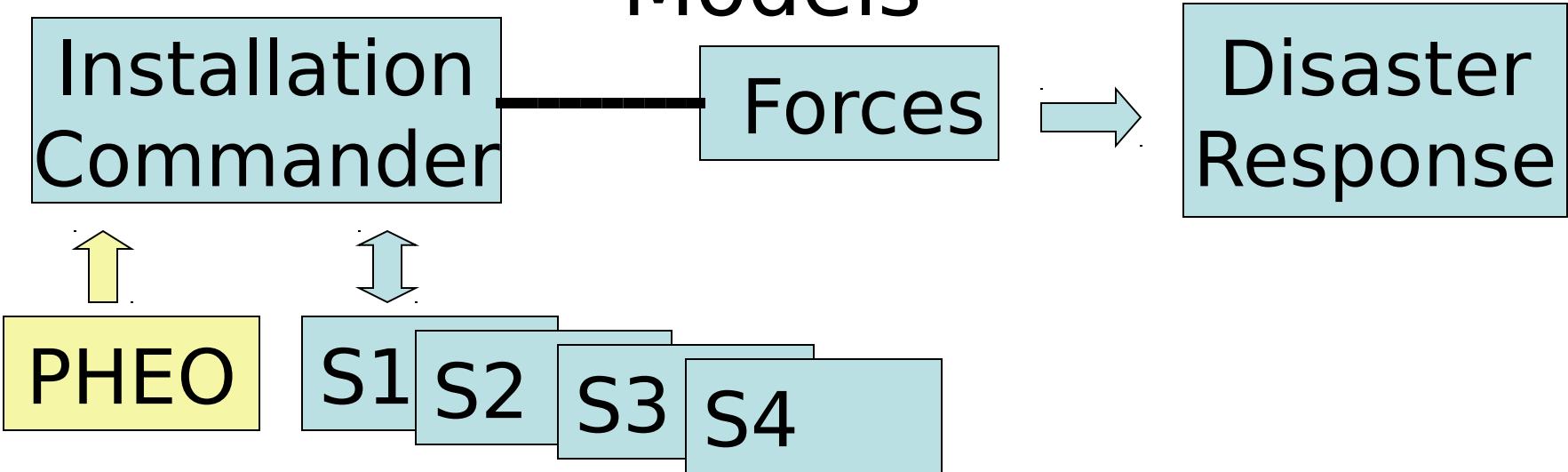
Determining, Reporting and Responding to a Public Health Emergency

SG, SMO Joint Staff, ASDHA, CDC, State, Local

Chain of Command to SECDEF



Public Health Emergency Response Models



Naval Issues

- Naval Installation Commander
 - Controls facilities and fixed assets not tenant units and vessels (Maybe junior local Commander)
 - May have no Public Health/disaster response/medical experience
 - “Reporters” may/are not in chain-of-command
 - “Responders” may/are not in chain-of-command
- PHEO
 - ??? Authority, Accountability, Responsibility
 - “Reporters” may/are not in chain-of-command

Navy Emergency Health Powers Actions

- OPNAV Instruction 3440.17 (Jul 22 2005)
 - Navy Installation Emergency Management Program
 - All Hazards (CBRNE) by Region/Installation
 - Chief Naval Installations overall responsibility
 - Tenant Commands must coordinate with Installation Commanders EM Program
 - Requires appointment of PHEO in accordance with DoDD 6200.3

- Fully cooperate and assist ASD(HA) in Emergency Health Powers working group:
 - Memorandum of August 1, 2005 (See handout)
 - Core PHEO competencies
 - Core PHEO training program
 - Core competencies of non-medical personnel
 - Standard decision algorithm
 - Improve lines of communication

Recommendations

- The DoD Directive should be followed by a strong DoD Instruction:
 - Directives “establish or describe policy”
 - Instructions “implement policy, or prescribe uniform method or delineate a specific plan of action”...“provide directions or details”.
- Believe that ASD(HA) has authority to take this action

5. RESPONSIBILITIES

5.1. The Assistant Secretary of Defense for Health Affairs (ASD(HA)), under the Under Secretary of Defense for Personnel and Readiness:

5.1.1. **Shall issue any necessary DoD Instructions or DoD Regulations to implement this Directive.**

5.1.2. Shall be the principal point of contact for coordinating with the CDC and other civilian agencies in relation to implementation of this Directive.

5.2. The Secretaries of the Military Departments and the Heads of Other DoD Components shall implement this Directive and **any implementing issuances of the ASD(HA).**

5.3. The Combatant Commanders shall, through the Chairman of the Joint Chiefs of Staff, implement this Directive and **any implementing issuances of the ASD(HA).**